



York County Area Agency on Aging
100 West Market Street
York, PA 17401
(717) 771-9610 or 1-800-632-9073
www.ycaaa.org



VOLUNTEER APPLICATION

MISSION STATEMENT: The York County Area Agency on Aging promotes the independence of older adults through education, advocacy and coordination of community-based services. Our primary commitment is to deliver quality services to older adults with the greatest social or economic needs; as resources allow, we may serve others with similar characteristics.

Name: _____
Last Name First Name MI

Address: _____
Street

City State Zip Code

Telephone: _____ **Cell phone:** _____

Other contact phone # (i.e. business): _____

Email address: _____

Emergency contact: _____
Name Relationship Phone #

Birth date: _____ **Drivers License #:** _____
Month/ Day/ Year

Languages you speak: _____

Areas of interest: (Circle areas of interest)

General Office Assistant	Special Events	Judicial Center Tour Guide
Literature Delivery	Friendly Visitor	Financial Counselor
Peer Educator:	Volunteer Ombudsman	Telephone Reassurance
○ Matter of Balance Coach	APPRISE (Insurance Counseling)	New Horizon Delivery
○ CarFit Technician		

Previous volunteer experiences, including length of time served:

Why do you want to volunteer for YCAAA?

Yes No

Yes

No

If yes, name of employer

Please list references (other than relatives) that we may contact.

Address

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

Do you have any medical condition or other special conditions that would affect your ability to perform your volunteer duties, or that YCAAA should be aware of:

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date _____

Yes _____

No _____

☐ Male
☐ Female
☐ Under 60 yrs of age
☐ Over 60 yrs of age

☐ Non-minority (white)
☐ Black
☐ Hispanic
☐ Other